# **Education Policy:**

Te Raparahi

Lands Trust

The applicant must be an owner, a descendant of an owner, or a beneficiary of a Whānau Trust that holds shares in the Te Raparahi Lands Trust and is enrolled and attending a University, Polytechnic or Whare Wānanga and the course is a NZQA accredited course.

The following information must accompany your application:

- A copy of this year's tuition fee invoice
- A results notice obtained at the end of the previous year

Grants will be distributed annually. Applications will open on 1st February & the completed form must be received by the 31st March each year. The amount of each grant will depend on the tuition fees paid by the applicant. Grants will be paid to applicants in May of each year.

Name:
Address:
Inland Revenue Number:
Email:
Phone (Home):
Phone (Mobile):
Bank Account details:
Course Name:
Institution Name:
Tuition Fees (invoice attached): \$

Course Results (attach a copy of course results obtained at end of course and relevant to above tuition fees):

## Owner(s) / Whānau Trust Name

(Complete only if applicant is not Owner):

### Owner(s) / Whānau Trust Trustee Signature

(To be completed only if applicant is not an owner. If the owner is deceased then please provide Whakapapa on attached form showing your connection to the owner):

#### Applicants Relationship to Owner or shares (i.e. son, daughter, grandchild, Whānau Trust beneficiary):

# Declaration:

I certify that all information supplied in this application form is correct, and that my application may be cancelled (without right of review), if the information supplied is incomplete, inaccurate or not supplied.

I accept that a condition of receiving this grant is that my name, course name and grant received may/will be published on the Trust's website and/or in the financial statements.

Applicant Signature:	Date:	)
		)

Checklist (tick when included:)	Return completed forms to:	Office Use Only
Tuition Fees invoice included	Te Raparahi Lands Trust Secretary	Application
Course results included	PO Box 134 Putaruru 3443	Amount Approved
Whakapapa completed		
Owner has signed		Trustee Officer
Applicant has signed		Date ID No#



Applicant name:

Mother	Father
Maternal Grandmother	Paternal Grandmother
Maternal Grandfather	Paternal Grandfather
Great- Grandmother	Great- Grandmother
Great- Grandfather	Great- Grandfather
Great- Grandfather	Great- Grandfather